



**State of Utah**  
**DEPARTMENT OF COMMERCE**  
**Division of Corporations & Commercial Code**  
**Corporation Registration Information Change Form Addendum**

Entity File Number: \_\_\_\_\_

Entity Name: \_\_\_\_\_

**For each Yes button that you mark the question will appear below for you to fill out.**

1). Do you want to Add individuals to the Business Entity? **Yes** **No**

2). Do you want to Remove individuals from the Business Entity? **Yes** **No**

3). Do you want to Change the Address of the Business Entity's Principal(s)? **Yes** **No**

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1). If Yes, who do you want to Add to the Business Entity and what Position will they hold?**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2). If Yes, who do you want to Remove from the Business Entity and what Position do they hold?**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**3). If Yes, who is the Principal(s) whose Address you wish to Change?**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_